

**DRAFT**

**AREA DRUG AND ALCOHOL PLAN**

**SOUTH METROPOLITAN  
HEALTH REGION**

**MAY 2003**

**Drug and Alcohol Office**

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## INTRODUCTION

### Process for Feedback

This Draft Area Drug and Alcohol Plan is provided to people who participated in Area Drug and Alcohol Planning in the South Metropolitan Health Region and to other key stakeholders in the Region.

This Plan was developed based on:

- Local information collected during the consultation period in November 2002;
- Subsequent information collected since that consultation;
- Information on the current and planned actions of the Drug and Alcohol Office (DAO) to provide support for recommended strategies;
- Information on current and planned alcohol and drug related strategies of the major WA government departments, e.g. Department of Community Development, WA Police Service, Department of Health, Department of Justice, Department of Indigenous Affairs, Department of Housing and Works, Department of Education and Training (see Agency Plans below).

Feedback from you as a stakeholder and participant in the consultations is keenly sought by DAO. Have we “got it right”? If not what suggestions have you for improving this Plan? How best can we bring about agreement on local responses and the mechanisms for implementation? Are there existing groups/organisations/individuals in the Area who are the natural lead players to coordinate the local action? Roles and responsibilities, monitoring and reporting and timeframes also need to be considered.

Local input is critical to the success of this process of Area Planning which ultimately aims to improve services and programs for people affected by alcohol and drug problems in your Area. DAO encourages constructive feedback to enable collaborative action to achieve this goal.

Please provide any feedback on the Area Drug and Alcohol Plan by **Monday 16 June 2003** to:

<p>Kathryn Kerry: Manager Planning and Coordination 7 Field Street Mount Lawley WA 6050 Phone: (08) 9370 0310 or <a href="mailto:kathryn.kerry@health.wa.gov.au">mailto:kathryn.kerry@health.wa.gov.au</a></p>
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### Background

Area Drug and Alcohol Planning is a key component of the *WA Drug and Alcohol Strategy 2002-2005* which was developed from recommendations of the Community Drug Summit held in August 2001. The Strategy has identified new priorities, including a greater focus on prevention and early intervention, and a need for current services to be improved to meet the needs of people affected by alcohol and drug related problems.

Area Drug and Alcohol Planning is being facilitated by the Planning Team at DAO. This process is the first stage in assisting and supporting regional and area agencies to identify priority areas for the development of local strategies for improvement of programs and services to benefit clients and the community. The Planning process also links in with a significant number of other National and State strategies.

The first phase of the planning involved the circulation of a Discussion Paper and pre-consultation through contacts and the provision of information. The next phase involved regional visits. Consultation meetings were held where topics such as drugs of concern, key issues, gaps, duplications and priority areas were discussed. From 19-22 November 2002 the DAO Planning Team consulted with 102 people from the South Metropolitan Region. Information was collected, analysed and presented in a Draft Report, which was sent for comment in December 2002. Feedback was received which were integrated into the Final Report: Area Drug and Alcohol Planning Consultation, South Metropolitan Health Region December 2002.

## **Agency Plans**

In parallel to the process of Area Drug and Alcohol Planning, DAO has worked with government agencies in the development of a cross sectoral response through government Agency Drug and Alcohol Action Plans. This has been a complex across-government exercise which has not been attempted before in relation to drug and alcohol issues. Key government departments have worked together in this collaborative first step in improving programs and services to their clients through the recognition of, and planning towards a systemic approach across these range of government agencies. The Agency Plans outline the commitments and directions of key Government Departments in the overall drug and alcohol strategy. These Agency Plans will play a significant part in guiding local government department responses to better integrated services.

The key directions of all government departments who have submitted their own *draft Drug and Alcohol Plans* are outlined in Appendix 1. These are due to be finalised and endorsed by government in early June 2003. To access the detailed action statements relevant to each key direction the Agency Plans will be available on the DAO website: [www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au) from mid June 2003.

## **Issues Beyond Drug and Alcohol Office Responsibility**

There were many issues raised during the consultations in the South Metropolitan that are beyond the responsibility of DAO, some examples of which are:

- Boredom and lack of activities for young people contributing to drug use;
- Programs that target life skills and positive parenting;
- Transport problems for people in outlying areas to access centralised services; and
- Social determinant issues such as employment, social support networks etc.

Whilst these issues will not be included in this Plan, some are being addressed through the government's response to The Gordon Inquiry, the Homelessness Taskforce, and the Early Years Taskforce. Furthermore where appropriate these issues will be fed back to the Cabinet Standing Committee on Social Policy which is made up of the Ministers from key human services departments.

## **Regional Context**

The South Metropolitan area has a population of 507,125. The population growth rate is comparable to the state average, however the Peel region population is expected to grow from the current 72,500 to in excess of 130,000 by 2016. The South Metropolitan Health Region consists of 14 local government areas, incorporating the Peel region.

A broad range of industries and socio-economic states populate the region. There is significant regional diversity, such as Fremantle being a major tourist destination and harbour, while the Peel scores significantly lower than the state average on many social indicators such as wealth, employment and education.

### **Current Alcohol and Other Drug Related Activity in the Metropolitan Health Region Funded by the Drug and Alcohol Office**

Funding information specifically for the South Metropolitan Health Region is currently unavailable. However, the current funding of alcohol and other drugs-related programs and services for the entire Metropolitan Health Region is approximately \$12,810,000. This includes recurrent funding from DAO, the Council of Australian Governments (COAG) and Office of Aboriginal Health (OAH) and accounts for three Sobering-Up Centres, practice development, prevention and treatment and support activities.

### **Current Drug and Alcohol Office Activity in the Metropolitan Region**

The DAO currently provides a range of key programs and activities statewide which are summarised in Appendix 2. Specific to the metropolitan area and in addition to those activities DAO is involved with:

- East Metro Accords revision (advisory/funding);
- Structural support at wine festivals (eg policy development);
- Gosnells/Armadale Alcohol project;
- Mandurah – collaboratively developing local government alcohol policies/management plan;
- Fremantle street drinking project;
- Northbridge street drinking project;
- Western Australian Network Alcohol Drug Agencies (WANADA) – calendar of training events for WANADA members;
- Department of Justice (DOJ) – Prison Officer Training (Wooroloo);
- Mental Health – Keyworker training (North metro), training (Joondalup, South West Metro);
- Post Graduate Program;
- Accreditation Steering Group – accreditation template for AOD sector;
- Department of Community Development (DCD) – Community Services Training Council training (Mandurah and Perth); Foundation training;
- Brief Intervention – Bentley Health Service;
- Family Court – providing consultation regarding the effects of drug use on families to assist in the development of therapeutic jurisprudence strategies and responses;
- Volunteer Counsellor Training Program;
- Enhanced access to clinical services, South Metropolitan Community Drug Service Team (CDST); and
- Co-Morbidity Project, Osborne Division of General Practice.

### **Current Department for Community Development Initiatives in the South Metropolitan Area Health Region**

The Department for Community Development is collaborating with the WA Police Service, Local Government and local businesses to support the HYPE project located in Mandurah. HYPE workers support young people acting inappropriately in the vicinity of shopping

centres and provide them with information to address personal issues. The project also increases the sense of safety and security for young people and the wider community in public spaces. It also builds respect acceptance and communication between young people and the Police and security services and promotes the participation and inclusion of young people in public spaces.

In response to the recommendations of the Gordon Inquiry, the State Government is implementing a range of statewide and regional initiatives to protect children and support Aboriginal families and communities. Specific regional initiatives include:

- Expanding the Strong Families initiative statewide to provide an interagency collaborative case management approach to children and families at risk. Two Strong Families co-ordinators will be located in Fremantle and Armadale areas respectively; and
- Appointing four additional child protection workers with one position to be located in each of the following areas: Fremantle, Rockingham, Armadale and Peel. At least two of the positions will be filled by people of Aboriginal and Torres Strait Islander descent.

The Department for Community Development is implementing a range of Family Strength early childhood initiatives to support parents with young children. Commencing 2001/02, \$10 million has been allocated to these early intervention strategies. In the South Metropolitan region a new Best Beginnings service has commenced at Armadale/Kelmscott and an Aboriginal Early Years Service will commence in the near future.

As part of the State Government response to the recommendations of the WA Homelessness Taskforce, the Department is implementing a number of initiatives to prevent homelessness and to assist those experiencing homelessness. These include the local initiatives indicated below:

- Three new support and advocacy services for people in private rental accommodation will be established in Armadale, Gosnells, Rockingham and Mandurah to cover these surrounding areas;
- Provision of \$350,000 annually to Communicare to provide supported accommodation and support services for men after an incident of domestic violence. The service will be located in the Calista area and is expected to commence in the near future;
- A new service will be located in Mandurah to provide support to young people leaving care in the Peel and South Rockingham area. Funding of \$110,000 per annum has been allocated for this initiative. The successful tender for the services will be announced in mid 2003;
- An additional \$25,000 per annum has been provided to the Pat Thomas Memorial Community House at Mandurah to support the children of people who are homeless as a result of domestic violence and other crises; and
- To support young people who are parents living in youth supported accommodation services in the metropolitan area, funds of \$200,000 annually from January 2003 have been offered on a pro rata basis to five existing agencies that provide supported accommodation to young parents, including the Fremantle Community Youth Service, Perth City Mission Youth Accommodation and Support Service covering the Fremantle area and Maddington and surrounding suburbs.

In collaboration with DAO, three new drug workers are to be co-located in youth supported accommodation services, taking to five the number of drug staff located in these services. New drug workers have commenced at Great Mates in Spearwood and at Chesterfield

House in Rockingham with the additional third worker to be located at the Armadale Youth Accommodation Service.

### **Summary of the Draft Area Drug and Alcohol Plan for the South Metropolitan Region**

The Draft Area Drug and Alcohol Plan for the South Metropolitan Region has three identified priority areas. These are:

- System Coordination and Integration;
- Addressing Harmful and Hazardous Alcohol Use; and
- Enhancing Access to Treatment and Support Services.

These are also the priority areas adopted by DAO as a result of the Statewide planning process undertaken in 2002. They are consistent with the main issues identified across the State as well as in the South Metropolitan area.

Under each of these priority areas are a number of strategies which have been identified as a result of the Area Planning process in the South Metropolitan region. In the draft Plan the DAO response has been outlined. The broad responses of other government agencies provided in support of the Western Australian Drug and Alcohol Strategy 2003-2005 are available in Appendix 1. Please note that these initiatives are statewide services or specific to regions as stated in the relevant agency plan produced by the Department indicated.

It is envisaged that the "Local Response" will be developed as the next phase of Area Planning, following your feedback. These Area Plans are action oriented and as working documents will be updated on a three monthly basis as the implementation phase progresses.

## DRAFT SOUTH METROPOLITAN HEALTH SERVICE Area Drug and Alcohol Plan

<b>Priority Area. SYSTEM CO-ORDINATION AND INTEGRATION</b>	
<b>Strategy 1: Formalise interagency relationships to enhance pathways of care and case management for clients across the AOD sector and other relevant agencies.</b>	
<b>BACKGROUND:</b> The WA Drug and Alcohol Strategy and prior to that recommendations from the Community Drug Summit highlight the need for development of models of shared care and strategies to improve coordination and linkage of key entry points to services. During the South Metropolitan Area consultation Service Coordination and Integration and ways to improve continuity of care for clients was the first priority across the region in all four localities.	
<b>Drug and Alcohol Office Response</b>	<b>Local Response</b>
<ol style="list-style-type: none"> <li>1. Contribute to the development of, and where indicated provide relevant workforce and organisational development initiatives to develop local pathways of care and case management models appropriate to the region.</li> <li>2. Within the Quality Assurance Framework project assist with the development and implementation of clinical guidelines and pathways of care and monitor and evaluate them.</li> <li>3. Through the implementation of the DoJ, DCD, DoH, and other "Agency" Drug and Alcohol Plans actively work towards the enhancement of pathways of care and case management models for clients with alcohol and drug problems.</li> </ol>	

<b>Priority Area: SYSTEM CO-ORDINATION AND INTEGRATION</b>	
<b>Strategy 2: Develop an appropriate communication strategy to enhance coordinated AOD program and service delivery in the South Metropolitan Area.</b>	
<b>BACKGROUND:</b> Recommendation 33 of the Community Drug Summit calls for the improvement of the population's access to and availability of information about drug and alcohol services. 26 and 34 include the need for better promotion and delivery of information to the community about existing AOD services. The Area Drug and Alcohol Planning consultations revealed a lack of awareness of AOD services and programs in the South Metropolitan Area.	
<b>Drug and Alcohol Office Response</b>	<b>Local Response</b>
<ol style="list-style-type: none"> <li>1. Work with Western Australian Network of Alcohol and Other Drug Agencies (WANADA) and other non- government and government agencies to develop, coordinate and deliver information to promote and advertise service and program information at an area level.</li> <li>2. Build partnerships and collaborate with other agencies through co-location of services and development of MOUs with other service providers in the metropolitan area.</li> <li>3. Ensure better information provision through referral processes.</li> <li>4. Ensure enhanced information systems through the GP Liaison Project.</li> <li>5. Work with prevention and treatment agencies and groups to facilitate the sharing of information.</li> <li>6. Reflect requirement for wider promotion of existing services in Service Agreements with funded agencies through a process of increasing collaboration with other agencies.</li> </ol>	



<b>Priority Area: SYSTEM CO-ORDINATION AND INTEGRATION</b>	
<b>Strategy 3: Increase coordination and integrated services between GPs and AOD services.</b>	
<b>Background:</b> Recommendation 9 of the Community Drug Summit refers to a comprehensive GP support program for GPs responding to AOD problems in the community. Recommendation 26 refers to the development and implementation of strategies to improve coordination and linkage of key entry points of services, and number 34 is about continuity of care, broadening the range of drug and alcohol treatment provision.	
<b>Drug and Alcohol Office Response</b>	<b>Local Response</b>
<ol style="list-style-type: none"> <li>1. Provide support for establishment of shared care programs and integrated systems to improve coordination and continuity of care for clients between GPs and AOD services through the GP program.</li> <li>2. Continue to ensure addiction studies is a component of GP education.</li> <li>3. Continue to provide clinical consultancy and support to GPs through Clinical Advisory Service (CAS).</li> <li>4. Create and support partnerships with key GP groups.</li> <li>5. Identify strategies to engage GPs in working in partnership with AOD services eg fund GPs to work on a sessional basis.</li> <li>6. Enable involvement of GPs in comorbid response as a priority initially through Commonwealth/State Bilateral Agreement.</li> <li>7. Continue with GP Liaison Project to improve access to Next Step inpatient services and improve clinical planning.</li> <li>8. Reconfigure service agreements to reflect the responsibilities of funded agencies to improve collaboration and partnerships across AOD and GPs.</li> </ol>	

<b>Priority Area: ADDRESSING HAZARDOUS AND HARMFUL ALCOHOL USE</b>	
<b>Strategy 1: Reduce hazardous and harmful alcohol use.</b>	
Alcohol related harm can be reduced through the use of a range of public health strategies including legislative and regulatory arrangements which control the availability and use of alcohol products. This is a Key Strategy within the National Alcohol Strategy. Alcohol was identified as the number one drug of concern statewide through the Area Drug and Alcohol Planning process.	
<b>Drug and Alcohol Office Response</b>	<b>Local Response</b>
<ol style="list-style-type: none"> <li>1. Development and implementation of WA Alcohol Strategy with key partners where appropriate.</li> <li>2. Continue to resource a range of prevention, treatment and support services including CDST, other NGOs and Next Step to provide services to people with alcohol related problems.</li> <li>3. Support workforce development strategies identified by the WA Alcohol Strategy for frontline workers such as AOD workers, health and other professionals, GPs and Indigenous workers, as well as providing Brief Intervention Training and support.</li> <li>4. Work with key stakeholders to implement evidence based alcohol prevention strategies in identified local areas e.g. alcohol availability, harm reduction, regulation and enforcement.</li> <li>5. Continue involvement with Alcohol Accords in conjunction with key stakeholders such as the WA Police Service.</li> </ol>	

<b>Priority Area: ADDRESSING HAZARDOUS AND HARMFUL ALCOHOL USE</b>	
<b>STRATEGY 2: Early intervention and parenting education.</b>	
<p><b>BACKGROUND:</b> Factors such as physical and social and economic environments, healthy child development, social support networks, employment and working conditions and a range of other factors have a significant effect of health of individuals and the community in which they live. While alcohol use is accepted as an integral part of Australian life and culture many historical and social factors contribute to the way in which alcohol is used.</p> <p>In recommendations 3, 9 and 22 of the Community Drug Summit, the Government commits to strengthening and coordinating existing prevention and early intervention policies and strategies and commits DAO to lead planning and coordination of drug prevention and early intervention activity in the community. Recommendations 15 and 25 refer to providing appropriate family support and developing positive parenting skills.</p>	
<b>Drug and Alcohol Office Response</b>	<b>Local Response</b>
<ol style="list-style-type: none"> <li>1. Development of discussion paper for AOD Sector Contribution to Integrated Early Intervention Strategies.</li> <li>2. Contribute to strategies highlighted as a result of the AOD Sector Contribution to Early Intervention Discussion Paper.</li> <li>3. Review and coordinate parent drug education initiatives.</li> <li>4. Review and coordinate involvement in youth engagement in the community.</li> <li>5. Within the Quality Assurance Project include the further development of best practice indicators in Family Sensitive Practice.</li> <li>6. Continue to support early intervention prevention and parenting education initiatives eg. In Touch, Parent Drug Information Service (PDIS), Family Sensitive Practice (FSP).</li> <li>7. Provide a family sensitive service and appropriately refer clients with children as necessary through Next Step services.</li> <li>8. Investigated the possibility of other agencies accessing the consultant psychiatrist for advice on family sensitive practice.</li> </ol>	

<b>Priority Area: ENHANCED ACCESS TO TREATMENT AND SUPPORT SERVICES</b>	
<b>Strategy 1: Review access to AOD treatment and support services to people in the Armadale area and investigate potential solutions.</b>	
<b>Background:</b> Needs to be established. Action recommendation based on area consultations	
<b>Drug and Alcohol Office Response</b>	<b>Local Response</b>
1. Investigate service gaps in the area and recommend solutions in light of possible new service provision by Southern Drug and Alcohol Clinic (DAC).	

<b>Priority Area: ENHANCED ACCESS TO TREATMENT AND SUPPORT SERVICES</b>	
<b>Strategy 2: Develop more flexible treatment and support service delivery models with particularly emphasis on high needs groups such as comorbid clients and indigenous people.</b>	
<b>Background:</b> Needs to be established. Action recommendation based on area consultations. Recommendations 18, 19, 27 & 32 refer to providing culturally secure services and programs, from detoxification and rehabilitation to community drug action to meet the needs of indigenous people. Recommendation 31 from the Community Drug Summit states that Mental Health and AOD agencies should be resourced to develop workable partnerships to deal with persons presenting with both drug and mental health problems to ensure they receive immediate, accessible, accountable and culturally appropriate service with continuity of care.	
<b>Drug and Alcohol Office Response</b>	<b>Local Response</b>
<ol style="list-style-type: none"> <li>1. Development of Alcohol Drug and Psychiatric Treatment (ADAPT) policy and programs in conjunction with Office of Mental Health.</li> <li>2. Establish and maintain collaboration with the Joint Services Development Unit (JSDU), Office of Mental Health (DoH) and key local stakeholders to develop and build local capacity to respond through GP project (Bilateral Agreement Funding).</li> <li>3. Appropriate workforce development eg Key Worker Program.</li> <li>4. Reconfigure service agreements to reflect the responsibilities of funded agencies to improve collaboration and partnerships across AOD and Mental Health agencies.</li> <li>5. Clarification and facilitation of roles and relationships where they do not exist between AOD and Mental Health agencies.</li> <li>6. Development of protocols and case management mechanisms with Mental Health Service providers.</li> <li>7. Contribute to developing the workforce expertise of people who respond to Indigenous people who are affected by alcohol and drug problems i.e. Indigenous Trainees Program.</li> <li>8. Progress Diversion Program with indigenous specific element in conjunction with key stakeholders such as the WA Police Service.</li> <li>9. Liaison and work in partnership with Indigenous AOD/Health service providers to support their efforts and investigate options in conjunction with Office of Aboriginal and Torres Strait Islanders (OATSIS) &amp; Office of Aboriginal Health (OAH).</li> </ol>	

# APPENDIX 1

## SUMMARY OF OTHER GOVERNMENT DEPARTMENT KEY INITIATIVES

The initiatives outlined below are statewide services or specific to regions as stated in the relevant agency plan. Appendix 1 should be read in conjunction with the agency plan produced by the relevant department.

### DEPARTMENT OF HEALTH *DRUG AND ALCOHOL ACTION PLAN*

#### Prevention and Early Intervention

The Department will:

- Reduce the prevalence of risky alcohol consumption and other drug use in women of child-bearing age;
- Increase community capacity to prevent co-occurring mental illness and AOD use. Reduce the harm associated with co-occurring mental illness and harmful AOD use;
- Implement state-wide youth and community AOD education programs through local metropolitan and country health services eg. implement brief intervention and tobacco screening for patients and clients of metropolitan health services;
- Reduce the incidence of intentional and unintentional AOD related injuries;
- Reduce the incidence and transmission of HIV, hepatitis C and other bloodborne viruses and minimise the personal and social impact of HIV and other BBVs; and
- Review all Office of Aboriginal Health AOD contracts to ensure inclusion of prevention and early intervention, where appropriate.

#### Treatment and Support Services

The Department will:

- Support access for clients of Community Health Services to AOD programs;
- Increase community capacity to prevent co-occurring mental illness and AOD use and reduce the harm associated with co-occurring mental illness and harmful AOD use;
- Provide appropriate treatment and support services for patients and clients of health services and build capacity of generalist health services and their staff to provide quality treatment and support services;
- Assist in more widespread provision (decentralisation) of appropriate treatment for drug use problems by medical practitioners and community pharmacists; and
- Review all Office of Aboriginal Health AOD contracts to ensure inclusion of treatment and support, where appropriate.

#### Coordination

The Department will:

- Ensure coordination of service provision and referral between community and child health services and other service providers;
- Ensure coordination of services with respect to mental health, within Department of Health (DoH) and between DoH and other government and non government organizations;

- Create more effective linkages between Divisions of General Practice, GPs and the drug and alcohol sector, for the deliver of AOD services;
- Implement DoH and other drug related policies through coordination within and between health services;
- Work with relevant key agencies to reduce the number of people who inject drugs; and
- Develop and foster key strategic partnerships to reduce the incidence of alcohol and drug related harm in the indigenous community.

## **DEPARTMENT FOR COMMUNITY DEVELOPMENT *DRUG AND ALCOHOL ACTION PLAN***

### **Prevention and Early Intervention**

The Department will:

- Coordinate the development of an across Government Early Years Strategy;
- Implement Family Strength initiatives with funding of \$10 million over 5 years, commencing 2001/02;
- Work with the Children and Young People in Care Advisory Committee and other stakeholders to reduce the rate at which children and young people enter out of home care as a result of parental drug and alcohol use;
- Launch a grants program and handbook in recognition of the needs of young people for public space in regional areas;
- Promote participation and inclusion of young people in public spaces through support and expansion of the Hillarys Youth Project Enquiry;
- Promote greater involvement of children and young people in policy development through funding to the Create Foundation to advocate and represent the concerns of children and young people and continue to support the Youth Advisory Network; and
- Undertake and support research that builds the capacity of service providers to work with children and young people through participation in the National Steering Committee of the National Youth Affairs Research Scheme.

### **Treatment and Support Services**

The Department will:

- Work with other agencies to implement the State Government's response to the recommendations of the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal communities;
- Support grandparents and other relatives caring for children full time as a result of family crisis such as parental drug and alcohol use by providing \$100,000 funding over three years for grandparents support service;
- Work with other agencies to implement the State Government's response to the recommendations of the State Homelessness Taskforce;
- Review and update the service delivery protocol developed between the Supported Accommodation and Assistance Program and drug and alcohol services; and
- Continue to work with local services including the Local Drug Action Groups to improve service collaboration for families affected by drug and alcohol use.

### **Other Initiatives**

The Department will:

- Develop a range of workforce development initiatives to build the skills of Departmental and community sector staff, particularly in relation to drug and alcohol awareness and working collaboratively with other agencies;
- Improve its capacity to identify and manage cases involving drug and alcohol use by introducing new information technology through the ASSIST project; and
- Update the Department's drug and alcohol policy in collaboration with other stakeholders.

## **DEPARTMENT OF HOUSING AND WORKS *DRUGS AND ALCOHOL ACTION PLAN***

### **Prevention and Early Intervention**

The Department will:

- Provide a collaborative approach in conjunction with the Department of Justice (DoJ) aimed at reducing the cycle of offending through the Aboriginal Cyclical Offending Program;
- Develop protocols with aims to improve pathways on access for public housing through Priority Housing, Exit Point Housing and Bond Assistance;
- Provide support to tenants who are experiencing difficulties in their tenancy through the Supported Housing Assistance Program;
- Upgrade accommodation, training and employment opportunities through the Management Support Program;
- Reduce the rent for the tenant/s whilst undergoing treatment/rehabilitation through the Absentee Tenant Minimum Rent Policy;
- Coordinate and facilitate across Government agencies in the case management of Aboriginal families and individuals through the Indigenous Families program;
- Coordinate the provision of 27 units of accommodation for persons exiting the prison system;
- Provide temporary housing for the homeless or clients in immediate crisis through the Crisis Accommodation Program;
- Coordinate a Transitional Housing Program;
- Continue to provide the Aboriginal Tenancy Support Service (ATSS);
- Support the Stronger Families Program to assist families through Safer WA and involve intersectorial collaboration in dealing with families having problems in the community;
- Provide permanent long term housing for homeless young people and specifically target homeless youth between the ages of 15 and 17 through the Youth Externally Supported Housing Program (YES) and Fremantle Regional External Supported Housing Program (FRESH);
- Improve coordination and collaboration by Government service providers as part of the Government's response to the Gordon Enquiry; and
- Continue the Homelessness Taskforce to put homeless people in contact with available accommodation options.



## **DEPARTMENT OF INDIGENOUS AFFAIRS *DRUG AND ALCOHOL ACTION PLAN***

### **Prevention and Early Intervention**

The Department will address the need for:

#### *Capacity Building*

In Western Australia, the Department for Indigenous Affairs (DIA) sees Capacity Building as part of an holistic approach to Indigenous advancement and therefore has endorsed a two-pronged approach. DIA sees the need for:

- Building the capacity of the Indigenous community to determine and manage positive change; and
- Capacity building in government that sees them engaging with the Indigenous community, in partnership approaches, to achieve agreed outcomes.

There is a focus on a community driven development approach to Capacity Building, with neither of the above being achieved in isolation from the other. This focus hinges on effective engagement and participation of Indigenous people in all decision making that affects their lives.

#### *Patrols*

Funding is currently provided to twenty-one (21) community patrols throughout Western Australia (WA). Patrols provide strategies at the community level to deal with and respond to a range of social problems experienced in Aboriginal communities. They aim to reduce contact between Indigenous people and the criminal justice system. Patrols are operated by the community and are supported by DIA and other agencies.

#### *Community By-Laws*

DIA administers the *Aboriginal Communities Act 1979* (ACA) that enables Indigenous people to establish by-laws that govern conduct and access on community lands. DIA works with other key agencies and stakeholders to support implementation of Community By-Laws.

#### *Treatment and Support Services*

DIA does not provide any treatment services but supports Indigenous communities to access services.

#### *Law, Justice and Enforcement*

DIA does not provide any law, justice and enforcement services but supports Indigenous community to access services.

## **DEPARTMENT OF EDUCATION AND TRAINING *DRUG AND ALCOHOL ACTION PLAN***

### **Prevention and Early Intervention**

The Department will:

#### *Curriculum Strategy*

- Identify and review existing curriculum related to drug and alcohol use and the extent to which this is delivered across the education and training sectors; and
- Identify and review opportunities where curriculum related to drug and alcohol use may be embedded into units of competency delivered across the VET sector and as part of school-based curriculum related to the outcomes of the Curriculum Framework and the school contexts.

#### *Information Strategy*

- Identify opportunities for developing an integrated educational awareness strategy focussing on drug and alcohol use in the workplace, on-campus and in the school community; and
- Through central, Regional Organising Committees and In Touch training, the role and access to CDSTs to students experiencing problems associated with drug use to be promoted to school staff.

#### *Professional Development*

- Review existing professional development strategies for teachers and VET trainers in relation to drug and alcohol use;
- Identify further professional development opportunities for teachers and VET trainers including:
  - referral processes;
  - drug and alcohol use in the workplace; and
- Identify opportunities for supporting upskilling/reskilling of employees of other government agencies.

#### *Policy and Program Development*

- Review existing drug and alcohol policies and update/enhance as required
- Identify opportunities for policy and program development for key target groups, specifically:
  - culturally and linguistically diverse groups (CALD), including multicultural and indigenous communities;
  - apprentices and trainees; and
  - 15-19 year olds.

#### *School Drug Education Project (SDEP)*

- SDEP will use DAO Regional Profiles to strategically resource regions within WA;
- SDEP will continue to manage the School Community Grants Scheme which gives schools an opportunity to receive funding to support their local prevention programs;
- SDEP will provide the Leavers Live handbook to communities interested in supporting Year 12 Leavers;

- SDEP will provide training and support for school staff in drug education and with the In Touch: Managing Drug Issues in Schools resource through:
  - Central training;
  - Regional training

*Treatment and Support*

- Review and enhance referral services currently in place across the education and training sectors; and
- Review and promote information available on drug and alcohol use to students and staff across the education and training sectors.

## **WESTERN AUSTRALIA POLICE SERVICE *DRUG AND ALCOHOL ACTION PLAN***

### **Prevention And Early Intervention**

The Service will:

- Commit to the delivery of quality Youth oriented alcohol and other drug education and awareness through the GURD strategy by:
  - Promoting the GURD Youth alcohol and Drug Education Strategy throughout the State; and
  - Enhance the GURD Strategy within the community through further youth based interactive activities that also target parents and the community.
- Maintain a focussed approach to supporting local communities- empowering parents through the ongoing provision of community based parent education and other initiatives by:
  - Enhancing the ongoing support for local communities by the provision of well-resourced alcohol and other drug awareness sessions; and
  - Increasing parental understanding and awareness of Alcohol & Other Drug Services available at a local level.
- Implement statewide drug diversion programs aimed at the diversion of eligible offenders into areas including education and or treatment by:
  - Monitoring the proposed legislative changes to the Misuse of Drugs Act by the introduction of the Cannabis Control Bill 2003; and
  - The impending introduction of All Drug Diversion as of 1 January 2004.
- Facilitate an improvement in the organisational capacity to develop protocols and develop practices that allow for a more collaborative working relationship with people and communities affected by drug and alcohol use by:
  - Committing to broadening the understanding of the principles of “Harm Reduction” within the policing environment; and
  - Providing for recreational alternatives for young persons i.e. “Blue Light Disco’s, PCYCs and GURD activities”.
- Commit to the reduction of harms associated with the use of alcohol at a State and Community level by:
  - Demonstrating an ongoing ability to promote the responsible sale, supply and marketing of alcohol; and
  - Committing to assist local government, sporting bodies and other agencies with implementing responsible alcohol and drug policies.

### **Law, Justice And Enforcement**

The Service will:

- Reduce the supply of illicit drugs and other substances into and across our state and local community borders by:
  - Developing integrated approaches to assist in the detection of illicit drugs crossing our state and community borders; and
  - Promoting an ongoing commitment, through intelligence based policing to the ongoing detection and dismantling of clandestine drug laboratories.

- Reduce the illegal supply of alcohol within our communities by regulating the sale, supply and consumption on premises in which liquor is sold by:
  - Assisting with the establishment and maintenance of local community Liquor Accords; and
  - Providing an ongoing commitment, through intelligence based policing to the ongoing reduction of alcohol related crime at a community level.
- We will assist local communities by introducing appropriate control over alcohol availability and trading hours

### **Coordination**

The Service will:

- Develop a realistic and co-ordinated approach to referral between police, community and alcohol and other drug services;
- Research the opportunity of an innovative and more collaborative approach to the collection and sharing of statistical data; and
- Create more effective linkages between WAPS and other Law Enforcement Agencies and Regulatory Bodies.

## **DEPARTMENT OF JUSTICE *DRUG AND ALCOHOL ACTION PLAN***

The Western Australian Drug and Alcohol Strategy, endorsed in Parliament in August 2002, provides the framework for the Justice Drug Plan, which will see a significant increase in services to prevent and reduce drug-related harms.

The justice system has traditionally been regarded as the "end of the line" for criminals with drug problems. This must change, with the Department of Justice becoming a critical, proactive player with a comprehensive range of prevention and treatment strategies to tackle the issue.

### **Prevention and Early Intervention**

- Introduce harm reduction measures to reduce the prevalence of blood-borne communicable diseases
- The delivery of a comprehensive transition program for offenders will prevent further alcohol and drug related offending.

### **Law, Justice and Enforcement**

- Expand the number of drug detection dogs in prisons by adding four dogs and four dog handlers. This will bring the total team to 15 dogs and 13 handlers
- Deploy drug detection dogs to prisons where drug testing shows higher levels of drug use
- Deploy a permanent drug detection dog at Bandyup Women's Prison
- Incrementally introduce multi-purpose response dogs as an alternative to single purpose dogs
- Double the random drug testing of offenders in the metropolitan maximum-security prisons from twice a year to four times a year
- Introduce instant urine tests for preliminary testing at all prisons

### **Treatment and Support**

- Introduce a comprehensive pharmacotherapy program including methadone, Buprenorphine and Naltrexone, enabling up to 150 offenders to be engaged in this treatment at any time
- Expand treatment programs for high-risk offenders with an additional 15 programs per year, catering for an extra 150 offenders
- Introduce two new drug-free units in WA prisons, with one additional unit in a metropolitan prison and one in a regional prison
- Investigate the efficacy of a prison-based therapeutic community
- In partnership with government and non-government agencies, introduce a comprehensive transition program for offenders re-entering the community to address health, housing, drug programs and counselling, training, employment and education needs.

### **Making the Plan Work**

- Establish a comprehensive monitoring framework to measure the success of the key strategies.

## APPENDIX 2

### STATEWIDE DRUG AND ALCOHOL OFFICE ACTIVITY

The Drug and Alcohol Office (DAO) provides the following key programs and activities at a statewide level:

#### Prevention

##### *Drug Programs*

- Drug Aware Program - including campaigns, a website ([www.drugaware.com.au](http://www.drugaware.com.au)), the Pharmacy Project and the Business Project;
- Night Venues Project - including resources and merchandise;
- Tertiary Partnerships Project - support of orientation days and health weeks with merchandise; and
- Peer Education Project.

##### *Alcohol Programs*

- Alcohol Education programs - 100% Control, Host, Respect Yourself and Drinking Guidelines and Standard Drinks campaigns;
- Drinkchecks - support and resources;
- Accord Stakeholder Review;
- Liquor Licensing interventions;
- Workshops on Liquor Licensing Issues for health professionals; and
- Support of Alcohol Accords.

The Prevention Branch also provide the following programs and activities:

- State Publications Program;
- Develops partnerships with organizations such as Local Drug Action Groups (LDAGs), Rotary and Lions;
- Provides support and training to regional health officers, CDSTs, LDAGs and Regional Organising Committees (ROCs);
- Provides strategic direction and support to the School Drug Education Project (SDEP);
- Provides Fogarty Foundation training - a youth specific event management program; and
- Provides strategic support and advice on school leavers activities and issues.

#### Practice Development

- GP Program;
- Clinical Advisory Service (CAS) - provides advice and support to GPs, pharmacists and other relevant staff involved in pharmacotherapies;
- GP Project - provides training and support to GPs around the state;
- ADIS (Alcohol and Drug Information Service) - provides a telephone counselling and advice service 24 hours a day, 7 days a week (9442 5000, toll free 1800 198 024);
- PDIS (Parent Drug Information Service) - provides a telephone counselling and advice service for parents 24 hours a day, 7 days a week (9442 5050, toll free 1800 653 203);
- Library Services - the DAO Library can be accessed statewide via the DAO website ([www.dao.health.wa.gov.au](http://www.dao.health.wa.gov.au));
- Workforce Development;

- Drug Overdose Prevention Project (DROPP) - provides training in both the prevention and management of overdose to client groups and professionals across the generic and AOD sector;
- Health Systems Development - provides statewide support for Health Services in regard to AOD policy development and Clinical Guidelines;
- Brief Intervention Project - initiates and enhances brief intervention projects through funding support and training;
- Needle and Syringe Program - provides accredited Needle and Syringe Program Coordinator training across the state;
- Family Sensitive Practice - aims to enhance the response of the AOD sector to the needs of the family;
- Department of Justice training - delivery of three day accredited CCO/JJO training;
- Aboriginal Health - addresses indigenous practice development and policy issues across the state; and
- Statewide Indigenous Traineeship Program - one year traineeships for Aboriginal people established in a range of specialist services.

### **Client Services, Resources and Development**

- Coordination of 84 current contracts comprising residential services, specialist outpatient services, Community Drug Service Teams and Sobering Up Centres;
- Consults to sector stakeholders and community representatives on development, implementation and coordination of the metropolitan and country regional drug and alcohol plans; and
- Monitors and evaluates projects funded by DAO.

### **Policy, Strategy and Information Unit**

- Policy development and coordination, information, research and support.

### **Next Step (specialist government health service)**

Currently decentralising to form the Northern, Southern and Eastern Drug and Alcohol Clinics to provide clinical services to these respective metropolitan areas and continues to provide:

- Specialist assessments and treatment;
- Inpatient withdrawal services (located at East Perth);
- Counselling and support services;
- Youth service;
- Pharmacotherapy;
- Pharmacy service;
- Clinical placements; and
- Clinical research and policy development.